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THREE CASES OF OVARIOTOMY, OF WHICH TWO WERE
SUCCESSFUL.

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Reported to the Boston Society for Medical Improvement.

CASE I.—Mrs. — is married, and has borne two children ; she is now 40 years of age, but still menstruating.

She has noticed an enlargement of the abdomen for five years. About two years since she met with a fall, and subsequently has suffered, at intervals, from severe abdominal pains. Last summer and autumn she had a long illness from dysentery, while at the sea-side. She has never been so well since. Latterly, she has suffered from constipation, backache, and general disability to go about.

The abdomen is now very large, fluctuating from side to side ; resonant on the flanks. The abdominal walls are much loaded with fat. The uterus is rather high up, but movable. Its depth, with the uterine sound, is normal.

The patient has never been tapped, and never will consent to be tapped ; but is urgent for a radical operation.

Diagnosis.—Apparently a single ovarian cyst, probably adherent.

The week immediately following menstruation was selected, and the operation performed Dec. 31, 1872. Drs. A. B. Hall and G. L. Underwood, of Boston, and Dr. Swazey, of Beverly, assisted me.

The stomach was entirely empty ; but a glass of brandy and water was given a quarter of an hour before the operation.

The patient was protected from getting wet by Mr. Wells's rubber sheet, with an oval cut out over the abdomen, and fastened down with adhesive plaster. Only four ounces of ether were used, in Underwood's inhaler. The incision was between four and five inches long. The fat over the abdomen was an inch and a half thick. On reaching the cyst, it was tapped with Wells's trocar, and drained into a tub under the table. After the fluid had begun to flow, the end of the rubber tube attached to the trocar was kept under water, and thus a syphon action was maintained. There was but one large sac, which contained a pail and a half of fluid. The cyst was found largely adherent to the abdominal walls, to the omentum, and to about

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four inches of the small intestine. These adhesions were, for the most part, broken down by the hand. Several bleeding points on the omentum were tied with silk, and the ligatures cut short off.

After the cyst was delivered from the abdominal cavity, a large soft sponge, moistened with water and warmed at the fire, was put into the abdomen, pushing back the intestines; and the walls were then held together over it. Hot, dry flannels were applied outside the abdomen. Care was also taken to keep warmth applied to the feet. The temperature of the room was not much over 70°.

The pedicle was broad and short; and both on this account, and also because of the thickness of the adipose walls of the abdomen, it was found impossible to bring the clamp, which was put on it, outside the abdomen. The pedicle was then cut off, and the vessels in it tied separately with twelve silk ligatures. These were cut off short, the clamp removed, and the pedicle dropped back into the abdomen. A small amount of blood was sponged out of the abdominal cavity. Six deep silk sutures were passed, including the peritoneum; and two superficial ones. The wound was packed around with dry lint, and held by broad adhesive strips. The abdomen was then covered lightly with cotton batting, and a binder applied.

On removing the rubber sheet, the body and night-dress of the patient were found to be perfectly dry. She was lifted into bed and warm bottles applied to the feet. There was no apparent shock; no chilling of the surface; no sweating; the pulse remained good. She did not vomit after the ether. The operation lasted an hour and a quarter.

Four grains of opium were required the first night after the operation. For several days there was abdominal pain resembling colic. There was no distention or tenderness of the abdomen. On the second day the patient vomited several times, but ceased after taking hydrocyanic acid. Uterine hæmorrhage came on the third day, and continued, moderately, for four days. The urine was passed voluntarily, and without effort, for a week. The pulse never rose above 98. The stitches were taken out the fourth day. The bowels moved on the eighth day. On the fourteenth day the patient was moved from the bed to a lounge.

During the second week, pain in micturition came on, and the catheter had to be used. On the fifteenth day, an abscess burst in the wound, near the upper end, and discharged externally. This discharge continued moderately for a week. The patient suffered from an enormous accumulation of fæces, which must have gradually formed after the dysentery of the preceding autumn. A renewed uterine flow took place on the twenty-third and twenty-fourth days.

In the sixth week, after some days of backache and vesical irritation, an abscess burst in the rectum, and discharged in the form of purulent dysentery for some days.

In the eighth week, the patient was much better, and walked down stairs.

In the ninth week, a smaller abscess re-opened in the wound. Occasional small discharges took place for several weeks afterwards. When last seen, two weeks ago, her health and strength had greatly improved, and she walked out daily. The functions of the bladder and rectum were normal. She menstruated at regular periods. The old sinus at the lower end of the incision is still discharging pus.

CASE II.—Mrs. —, about 38 years old, and having two children, is still quite regular as to menstruation. About two years ago, she began to be troubled by a noticeable enlargement of the abdomen, with a feeling of weight, and a backache. One year ago she consulted me, and I found a uniform, elastic, fluctuating tumor filling the front and left side of the abdomen. In the right inguinal region was a small, hard mass projecting above the pubes. The uterus was movable; normal in location and depth.

Two months later, the abdominal enlargement suddenly disappeared, accompanied by some hours of severe colicky pains. Her joy at this spontaneous rupture of the cyst was soon checked by its re-appearance; and before long it was as full as before. It now began to enlarge rapidly, and to fill the whole abdomen. As it enlarged, the hard lump in the right groin was masked, and concealed from view. She now had dyspepsia, shortness of breath, and severe backache.

In December last, I examined her for the second time, and found the tumor much larger than before. The walls of the abdomen were thin, and fluctuation distinct from side to side. The tumor was uniform and movable. The uterus free; in natural position; and the cavity of normal depth.

The *diagnosis* was of a single ovarian cyst, not adherent, probably. She had never been tapped. Her dyspepsia, backache and semi-invalid condition made her desire an operation.

The operation was performed January 6th, 1873, with the assistance of Drs. George Hayward, Hall Curtis and G. L. Underwood.

The room was well warmed with an open fire of coke. The table was prepared with a drainage-tub beneath. The patient was dressed in the clothes she habitually wore at night, with the addition of warm stockings. The stomach was empty. A glass of sherry was given a few minutes before etherization. Less than four ounces of ether were used in Underwood's inhaler.

Mr. Wells's rubber sheet was put over the body, and made to adhere around the oval cut out over the abdomen.

The incision was four inches long. The abdominal walls were thin. There was a little bleeding, checked by catch forceps, left on. On opening the peritoneum, the cyst was punctured with Wells's trocar, drained into the tub, and quietly sucked dry by the syphon action of the rubber tube attached to the trocar, its lower end being kept under the fluid in the tub. As the sac collapsed, it was dragged up under the hooks on each side of the trocar. There were no

adhesions, and the cyst was readily delivered. There was no leaking or hæmorrhage into the abdominal cavity. A large, warm sponge was immediately passed into the cavity left by the tumor, and the abdominal walls pinched together over it. Hot, dry flannels were then kept on the abdomen.

The cyst was attached to the left ovary, and the pedicle there was clamped and divided. It was now found that a broader and firm attachment existed to the right broad ligament. This was strong and hard, and seemed to be the place which had communicated the feeling of a solid mass in the right inguinal region before the operation. It was not thought wise to attempt a gradual separation of this attachment, but deemed better to put on a second clamp. This was done, and the connection severed. Both clamps, one above the other, were easily brought outside of the wound and retained there. The sponge was withdrawn, and the abdomen closed with four silk sutures, including the peritoneum. The clamps were packed around with dry lint. Adhesive strips encircled the abdomen; and the cotton batting and flannel binder applied as in the first case.

The cavity of the peritoneum was open twenty minutes.

On removing the rubber sheet, the patient was found dry and warm, and placed in bed. Warm bottles were applied to the feet. There was no shock. The pulse remained firm and slow. She vomited several times the first six hours after the operation, but never afterwards.

When the patient regained consciousness, she complained of severe uterine pains, like labor pains, and for these she took a considerable amount of Squibb's liquor opii comp. during the first night. The urine was passed voluntarily every few hours; and the catheter was not required at any time.

On the third day, uterine hæmorrhage came on; also pains resembling colic, with flatus. There was, however, no great distention of the abdomen, and no tenderness whatever. The pain was alleviated by hot bottles to the flanks, and by opium. On the fourth, fifth and sixth days, the pulse rose to 120. Very little nourishment was taken during the first few days, and it was not pressed on the patient. No stimulant was required.

Two stitches were taken out on the fourth day, but no fluid exuded from the wound. The other stitches and the two clamps were taken away on the ninth day, without hæmorrhage. The bowels moved spontaneously on the seventh day.

Convalescence was uninterrupted. It was retarded, however, by a slowness in cicatrizing of the stump of the pedicle. This obliged the patient to remain in bed six weeks. She is now able to resume her customary habits, and feels better than she has done for several years. Twice since the operation she has menstruated, and on each occasion there has been a discharge of blood from the pedicle, lasting several days.

CASE III.—Mrs. —, 37 years of age, has had one child, nine years ago. For seven years past she has been conscious of some trouble in the abdomen. Menstruation has been regular, and the functions of the bladder and rectum have been perfectly discharged. She has, however, been a constant sufferer from dyspepsia. Appears now in tolerable health, though never strong. For the last two years a tumor has been very evident in the abdomen, and has slowly increased. She has suffered more and more from backache, dyspepsia and emaciation. On examination, a rounded tumor occupied the centre and left of the abdomen. Fluctuation was perceptible, but obscure. The abdominal walls were thin. The flanks and epigastric region were resonant. The tumor was obscurely lobulated in the left part of the abdomen. There was no tenderness or pain; but the tumor felt rather firm. Examination by the rectum revealed nothing. The uterus was small, very movable, and of normal depth; neither elevated, nor depressed in the pelvis. The bladder was normal. The patient asserted that the tumor began in the left groin. The cysts were very freely movable from side to side.

Diagnosis.—An ovarian tumor—probably multilocular, and more or less filled with semi-solid proles. She had never been tapped.

The size of the tumor was not so great as to threaten life immediately, and the patient was advised to wait. In several subsequent interviews, at intervals of a few weeks, she became urgent for an operation on account of her suffering from backache and dyspepsia, and because of the wearing effect of expectation on her mind.

The operation was done March 26th, 1873, with the assistance of Drs. A. B. Hall, A. D. Sinclair and G. L. Underwood.

The patient had a light, airy room, and an open fire. The bed was arranged at hand; and the table and tub prepared as before. The stomach was empty; a stimulant was given; and four ounces of ether were used in Underwood's inhaler. The rubber sheet was applied over the abdomen.

The incision, of four inches, soon penetrated the thin abdominal walls, and the tumor was tapped with Wells's trocar. No fluid came. On withdrawing the trocar, the cyst was found filled with a thick, yellow, gelatinous substance, like soft boiled custard. This, which was liquid at the temperature of the body, set as firmly as cheese in the cold rubber tube of the trocar. On passing the finger into the cyst, a mass of long, thin hair pushed forth. The incision was now at once prolonged upwards to the level of the umbilicus. The cyst was slit open with the knife, and its contents turned out with the hand. Great care was taken to prevent the contents of the cyst from leaking into the abdomen, and with entire success. The tumor was found to consist of a single cyst, without any adhesions, except a trifling one to the edge of the omentum. It was readily delivered, and the pedicle found to be the left ovary and broad ligament.

The warm sponge was now passed into the abdomen, the sides

closed, and the flannels used as before described. The pedicle was clamped and cut off. The edge of the omentum, which bled a little, was tied with two silk ligatures, and the long ends brought outside with the clamps. The abdominal cavity was quite clean. Six deep silk sutures and strips of adhesive plaster were applied. The pedicle was now touched with the solid perchloride of iron. The cotton batting and binder were put on.

On removing the rubber sheet, a little of the cheesy contents of the cyst had soiled the night clothes. These soiled portions were cut off, and the patient immediately laid dry in bed. Warm bottles were placed beside her. The face was congested, but the pulse was good and the skin warm. The operation lasted forty-five minutes. The cyst was found to be of the variety called dermoid; and contained long hair and six teeth.

Immediately on coming out of the ether, the patient began to vomit, and nausea and retching subsequently prevented her from taking nourishment. There was no evidence of shock; and it is quite questionable whether the wretched condition of the stomach previously, which had driven her to the operation, was not the chief cause of her subsequent nausea and non-assimilation of food. She required the catheter, which was employed every six hours. The pulse rose in frequency, slowly, but steadily. There was never any tenderness of the abdomen, although on the third day she had colic, and subsequent distention with wind. These symptoms were combatted with warmth, opium and enemata; and when the stomach obstinately refused to assimilate, enemata of beef-tea, brandy and laudanum were given. On the third, fourth and fifth days, the symptoms growing worse, some of the stitches were taken out, and the wound opened just above the clamp. A probe and a catheter were passed into the abdominal cavity, but no fluid could be found. Meanwhile, the patient grew weaker and more emaciated, being unable to retain any food or drink. The upper portion of the wound healed, and the clamp loosened without hæmorrhage. The pulse ran up to 130, 140, and so on; and at the end of six days she died. No farther examination of the body could be made.

Death must, I think, be ascribed to the shock of the operation, and the disturbing effect of the anæsthetic on a nervous and a digestive system weakened by a long course of dyspepsia. Certainly there were no symptoms of hæmorrhage, of septicæmia, or of acute peritonitis.

The abscesses opening externally and through the rectum, in the first case, were probably due to suppuration of the pedicle, and to the ligatures shut up with it. For although in many cases given by Mr. Wells no trouble whatever followed the intra-peritoneal treatment of the pedicle, with ligatures cut short off, yet in others abscesses followed. In a patient of Dr. Keith's, the pedicles having been treated as above, recovery was continuous for six weeks. At the end

of that time there was pain and irritation, followed by pelvic abscess, and finally, a fæcal fistula. This eventually got well. Mr. Bryant had a case in 1867, where the ligatures were discharged some months afterwards through an artificial anus, which, in the end, healed up completely.

The results of Mr. Wells's five hundred cases are much more favorable to the clamp than to any other method of treatment. He says:—"Patients who recover after the extra-peritoneal treatment of the pedicle, as a rule, soon regain and maintain perfect health. So do many of those who recover after the intra-peritoneal treatment. But some of them, sooner or later, suffer from chronic suppuration, hæmatocele, or fæcal fistula; or, perhaps without any definite local ailment, are many months before they become strong and well."*

The curious physiological phenomenon of menstruation through the stump of the pedicle, which occurred in case II., is not very uncommon. Mr. Wells thinks it takes place in at least one third of the extra-peritoneal cases. He goes on to say:†—"But if the patient be prepared for it, it is not of the slightest consequence. The Fallopian tube contracts completely after a few months, and there is no further escape. The fact that it does escape, sometimes, is to my mind an argument in favor of the clamp; for if menstrual fluid can escape through the partially closed Fallopian tube fixed in the cicatrized wound, so it may escape if the tube be left within the peritoneal cavity, and the result may be a fatal hæmatocele. I have known this to occur in cases where the ligature was used and cut off short; and I believe it to be one of the strongest objections to this method, or to any intra-peritoneal method, of dealing with the pedicle."

The tumor in case III. was of the variety called dermoid cyst. The same authority above quoted says:—"The accidental new formations in ovarian cysts, though not so common as the fluid contents, occur often enough to make them objects of pathological importance. Among these substances may be mentioned striated muscular fibres, brain and nerve tissue, bone, adipose tissue, and all sorts of dermoid structures—such as hair, teeth and glands." These peculiar cysts have been known to grow from other parts of the peritoneum, and even in man. "The osseous structure itself is that of genuine bone, the Haversian canals and bone-cells being arranged in lamellæ, though the cells are often large, and have fewer inter-communicating branches. Some of the teeth are perfect, and have all the structural arrangement of ordinary teeth, but the greatest part remain in a rudimentary condition. The number in a single cyst is sometimes extraordinary. Schabel describes the case of a girl, aged thirteen, not having menstruated, in whom there was an ovarian cyst, three times the size of a man's head, containing three pieces of bone, and more than a hundred teeth of all classes. Paget mentions a cyst in which more than three hundred teeth were found.

* Diseases of the Ovaries, by T. Spencer Wells, p. 401.

† Op. cit., p. 373.

"The sacs often contain a large quantity of greasy substances, mixed up with tufts of matted hair.

"The question whether these dermoid cysts are the result of impregnation (direct or secondary) does not need discussion. They have a character quite distinct from that of extra-uterine foetation, and grow independently of spermatic contact, in young children, and even before birth, and in situations and under conditions where such influence would be simply impossible.

"The peculiar formative and reproductive power inherent in the tissues of the body is as operative in the production of these vagaries, as it is in the crops of multiform morbid growths, which spring up everywhere, under circumstances of which we can give no rational explanation."*

This dermoid cyst (Case III.) is partially lined with skin, having, apparently, follicles and glands; and growing from it there is hair seventeen inches in length.

It also contains bony rudiments of an upper and a lower jaw. There are six teeth, of both the deciduous and permanent sets. The upper jaw contains three incisors and two bicusps; the lower jaw has one molar. There is an excrescence which might pass for a rudimentary uvula and soft palate; and a cavity in the upper jaw, which might answer for the nares, or the orbit.

NOTE.—Two of these operations were done in Boston, and one in Charlestown. All were in private houses.

TWO NÆVI CURED BY MONSEL'S SOLUTION APPLIED EXTERNALLY. By JACOB GEIGER, M.D.—A male child, aged nine months, had at birth a "mother's mark" on his perinæum and over the pit of his stomach. They were at first flat, but slightly-elevated spots, and quite small. When the patient was about six months old, however, the tumors took on a very rapid growth; that on the perinæum occupying not only the entire perinæum, but a portion of the scrotum also, while that on the abdomen was an inch in diameter. The perineal nævus was kept so constantly irritated by the child's diaper, his urine, and his feces, and having on more than one occasion bled considerably, I advised an operation for its cure. The mother positively refused her consent to any other procedure than one which consisted in some external application. I determined, therefore, to try the methodical use of Monsel's solution to both the growths. Making a mixture of equal parts of the liq. ferri persulph. and glycerine, I painted not only the nævi themselves thoroughly with this, but I applied it also for some lines beyond the healthy skin, and directed it to be repeated twice daily. In a week both tumors had diminished appreciably in size; and in less than one month from the date of the first application of the iron they had disappeared altogether.—*The American Practitioner*.

* Op. cit., p. 70.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. F. B. GREENOUGH, M.D., SEC.

FEB. 24th.—*Urethral Calculus*.—Dr. J. C. WARREN showed the specimen and reported the case.

The patient, a boy *æt.* 5, was first seen by Dr. A. H. Nichols, Sept. 17, 1872. At that time he was said to have had some trouble of the bladder for two months, crying out with pain whenever he urinated, and being very restless at night. He passed an irregular, small stream, which sometimes stopped short, and upon four or five occasions the urine was noticed to be tinged with blood. On Oct. 6, he was sounded, and a grating sensation was communicated to the hand as the sound passed through the prostatic portion of the urethra. On the 16th of February, 1873, there was complete retention of urine, and from that time until the operation was performed, the child suffered exceedingly, being seized with frequent spasms of tenesmus, unable to sleep, and taking little nourishment. For thirty hours previous to the operation, no urine had escaped. Dr. Warren passed a probe into the bladder, and a distinct sensation of grating was experienced. A lithotrite was introduced without difficulty, but no stone could be found. On introducing, however, his forefinger into the rectum, his thumb being on the perinæum, a calculus was plainly felt in the urethra. He first impulse was to push it back into the bladder, and then perform lithotomy, but remembering a case of Dr. Pancoast where this treatment had been followed by urinary infiltration and death, he had cut directly down on to the stone in the perineum and removed it. The calculus was about the size of a wren's egg, and the patient made a good recovery.

FEB. 24th.—*Death during Etherization*.—Dr. CABOT reported the case, as showing what he considered the only danger in the use of ether as an anæsthetic.

The patient, an old man, weak, but not excessively so, had undergone an operation which lasted three quarters of an hour. He was removed from the operating room, and the usual orders to watch him were given. Five hours afterwards, he had a violent attack of dyspnoea, and died. Food was found in one of the bronchial tubes.

He also referred to a similar case which had occurred some time ago. A fat woman, while lying on her back, under ether, vomited, and some of the vomitus getting into the trachea, killed her.

Dr. JACKSON said that he had been much astonished, to see in a quotation from Dr. B. Joy Jeffries's paper, that it was stated that in etherization, the less air that the patient was permitted to breathe the better; he had always supposed the reverse to be the case.

Dr. WILLIAMS said that Dr. Jeffries merely advocated putting the patient thoroughly under the influence of ether at first, and that his own experience coincided with this. He had often noticed that children who can be held, and on whom the sponge can be kept crowded down, come under the influence of the anæsthetic quicker and better than adults, to whom it has to be given with more delay. He thought that air enough to oxygenate the blood could always get in through the sponge. He felt sure that those patients to whom ether is at first given the fastest, take the least in quantity.

Dr. WARREN was in favor of crowding on the ether at first, as was also Dr. Gay.

Dr. GREENOUGH said that he had thought that there might be something in the vapor of ether, which made it possible for it, to a certain extent and for a short time, to take the place of atmospheric air in the lungs and support life.

Dr. CABOT said that, owing to the chemical composition of ether, this was impossible, and referred to Dr. White, who agreed with him.

Dr. BOWDITCH thought that there might possibly be something in Dr. Greenough's suggestion, as he had often noticed in the last stages of phthisis that inhalations of a small amount of ether relieved the dyspnea more than he thought could be accounted for by the mere anæsthetic properties of the drug.

MARCH 10th.—*A Case of Smallpox, fatal in three days, in a patient who had been unsuccessfully vaccinated a short time previously.* Dr. SHATTUCK reported the case.

The patient, a man æt. 48, entered the Massachusetts General Hospital, Dec. 3d, 1872. Lived twenty years in Texas, and had much intermittent fever. An attack of the congestive form, last summer, he says. He had served in the Confederate army. About Nov. 9th, ult., he contracted a severe cold, and still coughs a good deal at night, though his cough is less severe than it has been. Temperature normal in evening. Patient was improving slowly till Jan. 1st, when the record was, "has occasional chills," and quinine was ordered.]

Jan. 3d.—"Complains of pain in upper sacrum, which kept him awake much of the night, and is aggravated on motion. A year or two ago, the patient had a similar attack of pain in the back—thought by him to be rheumatic.

Jan. 4th.—"Sitting up in a rocking chair, tilted back, and says he cannot lie down or stand up, on account of the pain in the back."

Soon after the visit, he was given a subcutaneous injection of morph. sulph., gr. $\frac{1}{4}$, and it was noticed that the patient's face was dusky, but there was no eruption on the face. In the afternoon he was somewhat delirious, and his back and thighs, arms and chest, were thickly studded with small petechiæ. Skin was cool to the touch. Pulse small and weak. Had another subcutaneous injection and stimulants, and died, Jan. 5th, at 7, A.M.

No autopsy was obtained. The patient was unsuccessfully vaccinated soon after entrance. A fortnight before his death he went down town, but after that never left the hospital.

Dr. SHATTUCK also reported the following case.

E. M., æt. 44, by occupation a sea captain, entered the hospital Feb. 12, 1873, and gave the following history of himself.

Has not had a sick day since he had the typhoid fever, fifteen years ago. Habits have been good. Eight days ago (Feb. 4th), being then in his usual health, was vaccinated by a physician on Hanover Street, with a friend at the same time. This was about 2, P.M. On going to bed that night, noticed that his arm, where the virus was introduced, was red and decidedly swollen. The next day, felt pains shooting through his limbs. His arm continued to swell and inflame, but neither at that time nor later was there any soreness or enlarged gland in the axilla. Friday (Feb. 7th), eat a usual dinner with relish about noon, and towards evening began to feel badly, and soon was taken

with a sharp chill, vomiting and pain in back and head, very severe in character. Since then has been obliged to keep his bed. After twenty-four hours, the pain in his back and head left him, and then a red "rash," he says, came out all over him, beginning about the loins, accompanied by intense itching. Never had anything of the kind before. About this time, also, noticed that he was getting "sore," and motion became painful to him. Monday, Feb. 10th, the rash began to go off, and when he entered the hospital there was no trace of it to be seen. The soreness, however, increased, and of this he made the most complaint when first seen in hospital. When perfectly quiet, he was pretty comfortable, but could not move without considerable pain, not apparently in joints, but in muscles. Complained also of soreness of mouth. The seat of the vaccination on his arm was occupied by a large scab, the size of a half dollar piece, surrounded by infiltrated tissue. When first seen, the patient was in bed; decubitus dorsal; sweating considerably; countenance not remarkable. Thirst. Inappetence. Tongue red and fissured. Pulse 120, small and weak. Temperature 101.5°. Ordered Dover's powder, gr. x.

13th.—Nothing remarkable on thoracic exploration. Abdomen full and resonant. No pain when lying still. P.M.—Pulse 100. Temp. 100°.

14th.—Tongue red, with aphthous spots. Complains much of soreness of mouth and muscles. Pulse 96. Temp. 99.3°.

15th.—Slept well without Dover's powder. P.M.—Pulse 80. Temp. 98.3°. The patient made daily improvement, and, about the 20th, he noticed that the cuticle was coming away from his whole body. The scab was still on his arm, and there was more or less redness around it.

28th.—The patient is now nearly well, and ready to be discharged. Soreness has entirely disappeared.

His friend, who was vaccinated at the same time, has remained perfectly well up to the present time.

Dr. SHATTUCK also reported a fatal case of smallpox in a patient who had had the disease five years ago. The patient was to all appearances a strong, healthy man. The present attack was not preceded by any marked prodromes, as there was no great fever or pain in the back. Petechiæ appeared, but there were no vesicles.

FEB. 24th.—*Fatal Result from Vaccination.*—Dr. WHEELER reported the case.

The patient, a man about 35 or 40, had been revaccinated without result several times since infancy. One of his children having been successfully vaccinated, he took the crust, and on a Thursday was vaccinated from it. On the next day he was quite feverish. Pulse and temperature were high. At the point of vaccination a small vesicle, containing bloody serum, was seen, and the glands in the axilla were enlarged and tender. A cathartic was given him. The next day he was found in a low, feverish state, prostrated, and the temperature of extremities quite low. The swelling of the arm had extended below the elbow. Quinine was given, and the next day was passed more comfortably, with the exception of severe pain in the head. By Wednesday, the whole arm and hand had become boggy and livid, and incisions were made with the hope of evacuating pus, but none was found. Delirium set in, and he died on Saturday, the ninth day after the vaccination. The appearance of the arm was exactly that seen in a bad

dissecting wound. The child from whom the crust was taken was healthy and robust, but the patient's wife thought that the crust used was one of secondary formation, the original one having been rubbed off. Dr. Wheeler thought that vaccination from the crust was much more dangerous than that with lymph. He had seen other cases in which trouble followed the use of the crust.

Dr. AYER had had a similar case, which, however, recovered after being confined to the house for four weeks. All the cases of trouble from vaccination that he had seen, had occurred in cases where the crust had been used.

Dr. H. K. OLIVER said that, on the other hand, he used the crust in preference to lymph, and that during the present epidemic he had not had a single bad arm.

Dr. FIFIELD thought that some fatal cases would occur, whether the crust or lymph was used, and reported the case of a child in Dorchester, who died two weeks after being vaccinated with a quill.

Dr. CHEEVER spoke of a case which he had seen about a year ago, of trouble supposed to be the result of re-vaccination. It was a week after the vaccination that he saw the patient, and at that time the arm was cedematous and boggy down to the fingers. Incisions were made, by which a small amount of pus was evacuated, and the patient recovered. He was intemperate in his habits. Recently, he was again called to see him, and found the identical appearances which he saw a year ago, with the exception of the scar of vaccination. The case was simply an attack of cellulitis in an habitual drunkard, which, in the first attack, owing to the coincidence of his having been vaccinated, was attributed to that cause.

FEB. 24th.—*Cervical Spina Bifida, and Cystic Tumors of the Neck, in a Fetus*.—Dr. FITZ showed the specimen, which had been received by Dr. Jackson from Dr. Hitchcock, of Fitchburg.

The fetus, macerated, had evidently remained in the uterus for some time after its death. At the lateral and posterior aspects of the right and left cervical regions, extending upwards above the ears, were two partially collapsed cystic tumors, of nearly equal size, one of which, when distended, was about the size of an apricot. When opened, the same was found to be made of several distinct small cystic cavities, the larger of the size of walnuts, lined by a smooth, glistening, transparent layer, apparently epithelial; the contents, a small amount of dirty yellow, opaque fluid.

In the lower cervical region is a single cystic tumor, of the size of a cherry-stone, unconnected with the tumors already mentioned, whose cavity communicated directly with that of the spine, which latter was widely separated at the point of communication. Its more intimate relations with the spinal cord could not be ascertained, the medullary matter being converted into a yellow mass of about the consistence of ice-cream.

SULPHO-VINATE OF SODIUM IN CONSTIPATION.—This drug is recommended by Dr. P. DeMarmon as a mild saline cathartic in cases of chronic constipation. It is found to be an excellent substitute for citrate of magnesia (which now comes so impure) or Seidlitz powders. The dose for an adult is three or four drachms. Mixed with Seltzer water, or in water to which syrup of lemon has been added, it makes a palatable drink.—*N. Y. Med. Record*.

Bibliographical Notices.

Transactions of the Third Annual Session of the Medical Society of Virginia, 1872. Richmond. 1873. 8vo. Pp. 177.

WE hail with much pleasure the appearance of this interesting volume, as indicating the increased literary vitality of the medical profession of Virginia. The various papers are, as a rule, carefully prepared, and possess decided merits, although, we must add, many of the views expressed therein are far from being in strict accordance with our own. Many of these papers are contributions to clinical medicine or surgery, and as they embody the results of *bedside* experience, communicated in concise, unostentatious terms, they are, on this account, better calculated to convey to the reader solid information than are the most elaborate dissertations upon theory and practice.

We propose to give a list of the titles of these papers in regular order, and to single out from these for comment a few of the most important, premising that even to these articles the brief space allotted to us will permit of our rendering but imperfect justice.

1. *The Vis Medicatrix Naturæ*. This formed the subject of the annual address of the President, A. M. Fauntleroy, M.D.

2. *Medical Ignorance and Medical Reforms*. By Landon B. Edwards, M.D.

This constituted the annual address to the *public*, which, in accordance with the custom of the Society, is delivered during each session. This feature is to us a novel one, but it certainly commends itself warmly to our approval, as presenting a legitimate method for diffusing information upon a certain class of medical topics, in which the public take a lively interest; we refer more particularly to questions of sanitary science. It is not unnatural that the community should look toward physicians for instruction in these and similar matters, and where in any locality ignorance on these points prevails, it is the medical profession that must be held largely responsible therefor.

In the address of Dr. Edwards, several classes of empirical practitioners are attacked with no sparing hand, and the following anecdote is introduced to illustrate the 'system' of one of these delinquents.

"A gentleman, in exerting himself one day, felt a sudden pain, and fearing some internal injury, sent for a negro living on the plantation, who made pretensions to medical skill, to prescribe for him. The negro having sagely investigated the case, prepared and administered a dose with the utmost confidence of a speedy cure. No relief being obtained, however, a regular physician was sent for, who, on arriving, inquired of the negro what he had given? Bob promptly responded, 'rosin and alum, sir!' 'What did you give them for?' continued the doctor. 'Why,' replied Bob, 'de alum to draw de parts togedder, and de rosin to sodder 'em.'"

3. *Report on Epidemics of Piedmont District, from the years 1846 to 1872, inclusive*. By Alban S. Payne, M.D.

This paper enters quite minutely into an investigation of the thermometry, prevailing winds, hydrography, scenery, geology, mineralogy, &c., of this district. In considering the various theories of contagion and infection, the author proposes to simplify the question

of miasm by dividing it into three branches, viz.: *Koino*, *idio-koino*, and *per-idio-koino-miasm*. "*Koino-miasm* is generated by vegetable decomposition, climatic alternations, &c., and capable of producing fevers of remittent and intermittent types. *Idio-koino-miasm* is the product of animal and vegetable decay, capable of producing typhoid fever, or remittent bilious fever with a typhoid tendency, or, more properly speaking, a typho-malarial grade of fever. *Per-idio-koino-miasm* is the product of animal filth solely, and is susceptible of producing typhoid gravior, or typhus fever."

Now, before proceeding further, we should just like to ask Dr. Payne one question. If this unique and fanciful subdivision is a *simplification* of the question of miasm, what would he consider a *complication* of the matter?

The experience of the author in epidemics of erysipelas, pertussis, intermittent and typhoid fever, and smallpox, is all related in an agreeable, vivacious manner. In certain respects, the paper is amusing from the glimpse it gives us of the writer's views on total abstinence. Speaking of a certain type of typhoid fever cases, he remarks, "These patients I always ask at each visit how they would relish a hot toddy, mint julep, a sherry cobbler, or a port wine sangaree. As soon as their response is favorable, I gladly permit them to make their own selection from this *carte blanche*, for I am always exceedingly anxious to put them on the alcoholic stimulants as soon as it is possible to do so without producing disgust." Again, in discussing the various treatments proposed in cases of smallpox, he says: "Many army surgeons recommend whiskey until the patient becomes 'blind drunk' or until a powerful emetic effect is produced. * * * I appreciate the valuable remedial virtues of good old Bourbon whiskey too highly to degrade it to the common level of an emetic. I never prescribe a toddy, a julep, or a gin cock-tail, unless I wish it to stick."

4. *Paludal Fever*. By Alfred G. Tebault, M.D.

This is a continuation from the report of the last session of the committee on epidemics of the tide water district.

5. *The Anatomical, Physiological and Pathological Differences between the White and the Black Races, and the Modifications of the Treatment of the Diseases of the latter rendered necessary thereby*. By Thomas P. Atkinson, M.D.

It is maintained in this paper that the negro is inferior, mentally and physically, to the white, and that, owing to the peculiar organization and habits of the former, a different mode of treatment is indicated for their diseases. A table is cited, showing the great rate of mortality among the colored population of New York, to which the following comments are added: "Let all due allowance be made for the difference in the hygienic condition of the two races, and the result will still be as appalling as it is remarkable, proving my assertion that the physicians of our Northern States, owing to the comparatively few negroes amongst them, have ignored the diversities in their diseases, and have, consequently, overlooked the necessary difference in their treatment. The greater mortality amongst the blacks, as seen by this table, is but the natural result of this ignorance." It is the opinion of scientific men, who have given this subject their attention, that the high death rate amongst this class of the population is to be accounted for by the general insalubrity of the sections of the city inhabited by

them, the crowded condition of their dwellings, insufficient nourishment, and the other influences of poverty. The assumption that the large rate of mortality is the result of *mala praxis* on the part of their medical attendants is not sufficiently supported by anatomical and pathological argument, and we venture, therefore, to assert, that Dr. Atkinson has failed to put a right interpretation upon the figures contained in this table.

Among the few authorities cited in support of these views, is the late Dr. S. A. Cartwright of New Orleans, from whose writings the following statement is quoted:—

"So great is the difference in the medical treatment demanded by the peculiar organization, physiology, pathology and habits of our black population, that very learned physicians from Europe and the Northern States, on first coming South, have felt and acknowledged their incompetency to treat their diseases successfully, until they have had time to make themselves acquainted with their peculiarities."

We would respectfully submit to Dr. Atkinson, that the introduction of any testimony like that of Dr. Cartwright is not at all calculated to strengthen his position. It happens that we not long since stumbled upon a volume of the *Southern Medical Reports* for the year 1850, in which are contained some of the extraordinary notions of this man, a perusal of which satisfies us that it was not with injustice that he was stigmatized in England as a renegade to science and humanity. Dr. Cartwright here attempts to prove that the negro races constitute a debased species of man, so different by natural conformation from the white race, that it is "*absolutely necessary for the safety of the State, and well being of society, that the latter should be subjected to different laws and institutions from the former.*" He also had the effrontery to intimate that the productions of those distinguished English physiologists Drs. R. B. Todd and J. C. Prichard are *abolition works in disguise*. The vagaries of such a partisan observer are not consonant with modern experience, and tend only to give offence.

6. *The Hypodermic Use of Sulphate of Strychnia as an Optic Nerve Stimulant.* By Wm. B. Gray, M.D.

7. *Large Pelvic Abscess, discharged spontaneously through the Rectum, and externally through the Saphenous Opening on the fore part of the Thigh. Recovery.* By John S. Apperson, M.D.

8. *A Case of Extra Uterine Pregnancy. Removal of the Fetal Skeleton by Abdominal Incision; Recovery.* By Wm. D. Hooper, M.D.

9. *A Novel Case of Extreme Mobility of the Knee-joint in a New-Born Child.* By O. B. Jenks, M.D.

In this patient, a newly-born female infant, it was found, in extending her legs, "that the left one, instead of stopping at the usual point of extension, allowed the foot to turn backwards, so that the toes laid (*sic*) in the left groin, this motion being as free and easy as its extreme flexion." Dr. Jenks concludes the report of this case with the inquiry, "what could have been the cause of such a novel and abnormal action?" It strikes us that he has himself suggested the only possible cause of this mobility, viz.: abnormal laxity of all the ligaments of the joint, such as not unfrequently permits the spontaneous luxation and replacement of the large limbs, this power being sometimes possessed from infancy.

10. *Defective Vision, and the Principles on which it may be corrected by Optical Means.* By F. D. Cunningham, M.D.

11. *The Effect of the Use of the Sewing Machine upon the Health of Women.* By W. W. Parker, M.D.

This paper gives a concise and intelligent summary of the literature of the hygiene of the sewing-machine, and there are added the results of some original investigations by the author. It struck us, at first, that one who enjoys so high a reputation as Dr. Parker would have been able to contribute more from his own resources to the elucidation of this question than has been the case, but, it will be evident, that in Richmond, the place of his residence, the inquiry was not one which could be prosecuted to advantage. One new point is brought out, which we do not remember to have seen touched upon elsewhere, viz.: the small amount of strain put upon the eyes of machine operatives, as compared with that to which the eyes of hand sewers are subjected.

The conclusions arrived at are—

"*First.* That fatigue is not disease, and that there is no reason to conclude that the use of the muscles employed in machine work for a reasonable time is injurious.

"*Second.* That the machine may be used for four or five hours daily, in a family, by a lady in ordinary health, without injury.

"*Third.* That the damage to health in the factory is due to the hygienic conditions (bad air, &c.) under which the work is done, and the natural delicacy of some of the operatives, unfitting them for long-continued labor of any kind.

"*Fourth.* That the sewing-machine is a great boon to womankind, increasing her compensation, protecting her sight, and, in the family, lessening her labors."

12. *Report of the Necrological Committee.*

13. *New Method of treating Compound Fractures, and Stumps after Amputation, with Eight Illustrative Cases.* By Wm. D. Hooper, M.D.

14. *Diphtheria. Cases and Notes.* By J. H. Claiborne, M.D.

Some of the most interesting of these papers we have been obliged to pass over without comment, inasmuch as their practical value depends almost entirely upon a due consideration of their details, a useful condensation of which is not possible. The volume is not altogether free from grammatical errors and typographical blemishes, but its general appearance is on the whole quite creditable to those who have prepared it for the press.

BOOKS AND PAMPHLETS RECEIVED.

Mind and Matter, or Psychological Inquiries. By Sir Benj. Brodie, Bart., D. C. L., Vice President of the Royal Society. Pp. 279. New York: William Wood & Co. 1873. (For sale by A. Williams & Co.)

A Treatise on the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine. By Austin Flint, M.D. Fourth Edition, carefully revised. Pp. 1059. Philadelphia: Henry C. Lea. 1873. (For sale by A. Williams & Co.)

First Annual Report of the [Boston] Dispensary for Skin Diseases. Boston: John Wilson & Son. 1873. Pp. 16.

Address of Thomas M. Logan, M.D., President of the American Medical Association. Delivered at St. Louis, May 6, 1873. Pp. 25.

Transactions of the Medical Society of the State of New York, for the year 1872. Albany: 1873. Pp. 484.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 29, 1873.

THE TRIAL CONCLUDED.

THE investigation of the cases which have so long engaged the attention of the Trial Board of the Massachusetts Medical Society, has at length terminated in the expulsion of the accused members. Our readers will find the sentence of the Board in another column. The examination has attracted much attention and not a little discussion, in and out of professional circles. We congratulate the Society that it is in a way to be at length delivered of a source of annoyance to itself and of reproach from without. We point out some of the features of the case, which the proceedings have discovered.

The charter of the Homœopathic Society was granted in May, 1856, to seven members of the Massachusetts Medical Society, three of whom were among the individuals lately sentenced to expulsion, not for practising homœopathy, but for being members of an exclusive medical sect, and advertising themselves as practitioners of a special system of treatment.

By the charter of the Homœopathic Society, in its 4th section, it becomes the duty of its officers "to examine all candidates for membership concerning the practice of specific medicine and surgery."

On the part of the accused, every quibble has been made use of during the trial to enable them to retain membership. Some of them had joined the new association knowing that the laws of the older organization forbade it, and the others were members when the laws of the Massachusetts Medical Society were passed concerning irregular practice; but no one of them ever objected either to their letter or their spirit. They have done certain things which, of late, they have tried to undo by *ex post facto* action. They have now tried to make it appear that there is no requirement for membership in the Homœopathic Society, that its members belong to no exclusive sect and profess to practise according to no special dogma; that is to say, that, being homœopaths, they do not, in fact, practise homœopathy. As evidence of this, they point out article xvii. of their by-laws, which reads:—

"Any person, having received the degree of Doctor of Medicine from a legally authorized medical institution and who sustains a good moral character, may become eligible to membership, after having been approved by the Board of Censors. He shall be elected by ballot at the annual or semi-annual meeting, and, after his election, shall sign the by-laws before becoming a member."

They also call attention to article second as showing their excess of liberality in scientific matters. This reads:—

"This society demands for itself absolute liberty in science, and, hence, requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects."

The expulsion of members of the Massachusetts Medical Society for belonging to an association so liberal as this, would appear to be uncalled for, to those who can look no further. The trial commenced nearly two years ago, and the proposal to make these by-laws read as above only dates back to October 9, 1872, a year after the trial had begun, and they were only adopted on the 9th of April, 1873, less than two months ago. But how did their laws read previously to that time? Put aside the charter which speaks of the "practice of specific medicine and surgery," and which their new by-law ii. violates. Article xv. of the by-laws, in force a year ago, says:—

"Any person who has received the degree of Doctor of Medicine from a legally authorized medical institution, who sustains a good moral character and practises medicine in accordance with the maxim "*similia similibus curantur*" (the Italics are theirs), may become eligible to membership after having been examined and approved by the Board of Censors."

The amount of the matter is this. These men have advertised themselves as practitioners according to a specific dogma; their names have even appeared in the directory as such; they have been warned that in so doing they were violating a law which they helped to make or signed an agreement to obey; they altered their own law after they were accused of violating that which they acknowledged themselves subject to; they stated their belief in the doctrine, that to cure a disease one must give the medicine which will produce the symptoms of it, and yet say now that they practise what they call "allopathy," or any other system, if they think proper.

No one has objected to their giving any medicine they chose to. No one found fault that they believed in "*similia similibus curantur*." No one cared if they thought that a curative effect was produced by the ten billionth of a grain of anything. No one had anything to say because they pretended to believe, that the more a medicine is diluted the more its power is developed. No one disputed their right to believe, that chronic diseases all originate in the itch. The fault found was, that, having signed an agreement to do certain things, they violated that agreement by publicly professing to practise according to a certain dogma; although they have stated in their defence that the public profession was a falsehood, and that they practise according to circumstances, using any drugs as they please, and in any dose;

The finding and sentence of the Board of Trial stand as the deliberate and careful conclusion of a protracted investigation, and they are an assurance that the Massachusetts Medical Society will harbor no professed exclusiveness in dogma or practice within the pale of its membership, no matter how plausible or "liberal" the "new school" delusion may be made to appear to the public.

We can see no reason why homœopaths should desire to belong to the Massachusetts Medical Society at all. According to their present claim, they are far in advance of it and far more liberal. Noble martyrs in the cause of science, their trial has certainly advertised them to the world. They can act under their *new* by-laws as they may choose. They can give little pills or big ones; they can purge and blister; they can call themselves disciples of "absolute liberty in science;" but they must remember that their diplomas as members of the Massachusetts Homœopathic Medical Society read "*ob accuratam Medicinæ et Chirurgiæ Scientiam, insignem peritiam Rationis Similia Similibus Curantur.*" The Latin is their own; they may decide for themselves whether it alludes to any dogma or not.

THE SENTENCE.—The following was transmitted last Saturday, to the seven homœopathic members of the Massachusetts Medical Society, lately on trial; it differs from the copy in the newspapers, which latter contains a clause interpolated and involving a falsehood:—

The undersigned having been appointed a board of trial for the purpose of trying William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, I. T. Talbot, David Thayer, Benjamin H. West, upon the foregoing charges and specifications, met the several parties charged on the 29th day of April, A.D. 1873, and by adjournment, on the days between said 29th of April and the date hereof, and heard the evidence adduced in support of said charges, and heard the said several defendants, all of whom were personally present, and their evidence, averments and arguments in answer to said charges and specifications, and the parties having been fully heard and the evidence and arguments on each side fully considered, we do find and determine that the said charges and specifications are all fully proved against each of said accused persons, and they are severally guilty of the charges aforesaid; and we thereupon adjudge and determine that the said William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, I. T. Talbot, David Thayer, Benjamin H. West, be therefore expelled from their membership of the Massachusetts Medical Society, and report this our determination to the Massachusetts Medical Society at its annual meeting, for such action thereupon as to the society may seem fit.

(Signed)

JEREMIAH SPOFFORD,

AUGUSTUS TORREY,

GEORGE HAYWARD,

FREDERICK WINSOR,

Being a majority of the board of trial.

May 19, 1873.

LOCAL EMPLOYMENT OF CHLORATE OF POTASH IN CANCEROUS SORES.—Dr. Burow, of Königsberg, advocates the employment of chlorate of potash in the treatment of cancerous sores. His proceeding consists in sprinkling the sore with chlorate of potash in powder or crystals, and covering the whole with a wet compress. As the crystals exert a more powerful action than the powder, and excite greater pain, Dr. Burow uses the powder first, and replaces it by the crystals when the sensibility has been abated. One of the cases was a cancerous sore of the left arm, which healed completely after eight weeks' treatment. Three other cases were cancerous sores of the breast; one was lost sight of, the other two are under treatment, and healing well. The fifth case recorded was connected with a cancer which originated in the periosteum of the upper jaw and cheek bone, and then became ulcerated; in this case healing was completed in three months.—*Lancet*, April 12, 1873.

Correspondence.

[From an Occasional Correspondent.]

NEW YORK, May 9th, 1873.

I HAD been reading Boswell's Johnson in my "retirement at Boston, beautiful Boston," and stirred by the story of that venerable man's excursion to the Hebrides, I announced to my wife at the breakfast table my determination to travel. She inquired my reasons for going, and whither I would go. Taking up my Johnson, I read to her what that sage said about Radcliffe's Travelling Fellowships. "It is wonderful how little good Radcliffe's Travelling Fellowships have done. I know of nothing imported by them, yet many additions to our medical knowledge might be got in foreign countries. Inoculation, for instance, has saved more lives than war destroyed, and the cures performed by the Peruvian bark are innumerable. But it is vain to send our travelling physicians to France, Italy or Germany, for all that is known there is known here. I'd send them out of Christendom. I'd send them among barbarous nations." These, said I, are my reasons, and I will go to—New York. "Does not this determination," I continued, still quoting from Boswell, "show great nobleness of resolution in penetrating into distant regions?" My wife, also it seems well up in Johnson, instantly replied, "That, sir, is not to the present purpose. We are talking of sense. A fighting cock has nobleness of resolution." This was a knock-down blow, but I rallied in good order, and entrenched myself behind the dictum of the Doctor when Boswell said he believed "that if he had not children he should go to see the Wall of China." "Sir," said the philosopher, "by so doing you would raise your children to eminence. There would be a lustre reflected on them from your spirit and curiosity. They would at all times be regarded as the children of the man who had gone to view the Wall of China." My wife succumbed at this, and said if I thought the children would hereafter be known as the children of the doctor who went to New York, she would give her consent and pack my bag at once!

My few patients were visited and warned of my intended absence, one and all gladly giving consent, a few cheering me on with the remark that they had no doubt they should do just as well as if I staid at home. My last prescription to the *elders* was pipes and tobacco, but the younger people I earnestly advised, if any of them suffered from a small, feeble, irregular pulse, or headache, flushed face, bleeding from the nose or palpitation of the heart, to buy the new book so favorably noticed in the JOURNAL, and take a dose of from ten

to twenty drops of any of the following tinctures (which, like Jessop's candy, are of all flavors, this also being one of the distinguishing characteristics of the book itself), viz., belladonna, aconite or nux vomica. These have indeed been for a long time known as remedies for unrequited love, only the dose has not commonly been so small as is now recommended. Nevertheless, I believe the efficacy will be found to increase with the dose, and, indeed, I have known each of them to effect an entire cure, the party never knowing trouble afterwards.

I then kissed my wife and children, bidding them, as they valued *their* lives and *my* blessing, to take no medicine during my absence, but to trust to "Nature in Disease," and departed by the Fall River line, consoling the pangs of leave-taking by another dose from Johnson, to the effect that "that man is little to be envied whose surgery would not gain force" at Bellevue, "or whose love for anatomy would not grow warmer among the ruins" of the New York University, opposite. I here find it necessary, like Artemus Ward, to "call round and explain" that this joke applies not to the building, but to the Faculty.

My journey was marked by no great event. The ventilation of my state-room seemed to be a deliberate insult to Dr. Derby. Off Point Judith I coincided with the *Ursa Major* in thinking that a ship was indeed "a prison, with a chance of being drowned."

The morning light found me in the metropolis, and, taking a street car, I was speedily set down at the ——— Hotel, for I had heard that Dickens had stopped there. After an attentive scrutiny of the size of a slice of roast beef in the restaurant, together with the price put down in the bill, I thought I found an explanation of the early death of that eminent novelist. It must have been starvation or bankruptcy. Studious men were said to spend their lives amid the shades of Vauxhall in settling the questions of how thin a slice of beef could be cut, and how much water a glass of port-wine negus could be made to bear. These experiments are still pursued with unflagging zeal in New York hotel restaurants!

With a mind clear, from the emptiness of my stomach, for Boston fees do not suffice to buy much from the flesh-pots of New York, I took my way to Bellevue. Arrived in the spacious lecture room, I again thought with the "ponderous lexicographer" that "to abstract my mind from all local emotions would be impossible if endeavored, and foolish if it were possible," for what did I see? The seats cushioned! Here, said I to myself, is evidence that the world moves; I felt that I had made a mistake. I had not got out of Christendom. I remembered with shame the bare seats of our Boston College. I recollected with pain the "callosities on the nates of our students," which a long course of air-cushions is needed to remove. Here, beneath the *glutei maximi* given by God that man might sit thereon and admire the works of his creation, are placed cushions so soft that no one can complain that *his* rose leaves are crumpled. It is my misfortune, not my fault, to be in New York at the season when the singing birds and the voice of the turtle is heard, but not the medical professor, so I turned away from the hall which seems haunted by the voices of the eloquent men who have spoken there. No echo, alas! is heard of the voice once among the sweetest and most persuasive—that of Prof. Elliot.

The dissecting-room is above. Here, again, is fresh evidence for Radcliffe's Fellows; I am in Christendom. The great, wide, long, well-ventilated, beautifully painted room, furnished with every convenience is evidence of the fact. Of generous height, too, is the room. To look about among the pillars reminds one of the lines of Congreve's *Mourning Bride*. I miss the kindly face of Dr. Moseley, the former Demonstrator of Anatomy, whose talent for lecturing as he dissected was unequalled by anything I have ever seen.

The Museum, in the building, collected by the industry and liberality of J. R. Wood, M.D., who is, I believe, the Emeritus Professor of Surgery, is well worthy of careful inspection. It is to be wished that it was more worthily lodged.

Let us cross the street to the University. Still more evidence in the lecture room of attention to the comfort of listeners to medical and surgical truths that come mended from the professors' tongues.

Up again to the room for practical anatomy, where Prof. Darling mingles the apple-dumplings and toothsome morsels of the ancient and modern classics with the dry details of anatomy. Here, in moments of relaxation, one listens to much gay discourse. His story of "Bang went saxpence" will dwell long in your correspondent's memory.

Nothing redounds more to the usefulness of schools and hospitals than a plentiful and *cheap* supply of anatomical material, and just here New York has no superior in the world. Let us in Boston use every effort to place before and welcome students to all the material that can possibly be had, and at the least expense. With the new methods of preserving or embalming, even the summer need not be wasted. The private collection of osteology made by Prof. Darling's untiring, thrifty industry is very rich in both rare and common specimens, which last, in large numbers, are even the most valuable. What Prof. Darling has accomplished is a lesson for us all. Even in our little dissecting room a very valuable collection might be made by patient labor which would not disdain to employ an odd fifteen minutes in macerating and scraping bones. The Professor's array of specimens of arthritis is, I think, unequalled in this country. Should he resign his chair in New York, it would be a fortunate thing to purchase the museum for Boston.

If the collection be almost unique, the Professor is equally so. A profound anatomist, a *thorough* scholar, deeply read in the best English, Scotch and Irish poets, he is, to your correspondent, a continual study, as Mrs. Pipchin was to little Paul. While lecturing with ardor on some abstruse anatomical theme, quotations from Blair's Grave, Young's Night Thoughts, &c., fly hurtling round; or, an attitude is struck, and we hear Johnson's letter to Chesterfield given with a delightful emphasis, making one wish the old Dr. himself back from the grave to applaud the just intonation. If Garrick was caught tripping in emphasis in the sentence "Lead us not into temptation," I doubt not Prof. Darling could give it correctly.

But outside, the bell is ringing for the steamer *Bellevue* to start for Blackwell's Island, carrying the physicians and surgeons who are to make the daily visit there, and also those students who desire to add to their stock of knowledge such information as may be gathered in the immense field there offered to them. What an enormous place, filled with cases that a great city alone can furnish! As a place for the study of syphilitic disease, this institution is the Lourcine and Midi combined. Fortunate the student who may have gained an *internat* within.

The surgeons are a cheery, genial lot. Here we have the philosophic Hewitt, the keenly intelligent Mason, the courtly Lee, and the practical Wood, who, Napoleon-like, has commanded in twenty pitched battles, in surgery.

If it be true that the study of syphilis comprehends that of all pathology, no better opportunity could be found in Europe than here, if one thing was not lacking. With all this wealth of material, one cannot but feel a deep regret that it is not utilized by regular clinical courses thrown open to the entire profession, these to be illustrated by cases taken directly from the wards. The whole profession waits for such an opportunity to study this most important and mysterious of diseases.

If the sin of omitting to turn one talent into ten, lies at the door of New York, the greater one of hiding the talent in a napkin belongs to Boston. Deer Island is practically closed to medical men. Why couldn't we have a steamer running regularly to and fro, with time enough to make a good, long visit?

We must not forget, while in New York, to give three cheers, with a tiger if you like, to the *New York Journal of Syphilography*, which is giving us such good things from those really profitable French monographs and brochures. It begins to be seen here that the French devotion to the clinic is the true basis of all that is profitable for the healing of the nations.

Medical Miscellany.

THE editors of the JOURNAL are very much mortified that they are unable to give to their readers, the Report on Venereal Diseases, which should have appeared in this number.

AFTER a meal of starch very little sugar is found in the stomach, according to Brucke, though sugar is readily formed by the action of the saliva on starch. Sugar always occurs in the small intestines.

MAN in the rudest pre-historic times was a draughtsman; and did the carvings on the mammoth tusks found in the caves of the troglodytes—Professor Owen says so.

GUARANA is coming more and more into use in England as a remedy for sick-headache. A convenient form of its prescription is found to be the tincture.

THE PRACTITIONER (London) fulfils its promise and comes to us in the number for May, enlarged by the addition of a considerable department for the consideration of questions pertaining to public health and preventive medicine. The subjects treated of in the present issue, in this new part, are Sanitary Organization in England, Sewage Irrigation, Propagation of typhoid by milk, and International Hygiene in relation to Plague and Cholera.

THE British Medical Association, according to the list recently published, numbers 4183 members, at home and abroad.

THE Massachusetts Medical Society has on its catalogue, published last year, the names of 1240 ordinary members.

A CASE OF POISONING.—Sixteen persons were poisoned in a town, in England, recently, by eating pork-brawn, a preparation corresponding to what is known as "souse" in this country, and consisting of the ears, feet and some of the flesh of pigs, boiled for a long time, with salt and spices. The symptoms in the cases affected were those of irritant poisoning, and they continued twenty-four hours. None of the cases resulted fatally. Chemical search was made for the presence of the mineral poisons in the food, but none were found. The mode of preparation of the food, the character of the boiler in which it was cooked, and the health of the animal before slaughtering were inquired into with only negative results. The maker and seller were above suspicion of the offence of intentional poisoning.

HOSPITALS FOR INCURABLES are being established in considerable numbers in England. H. R. H. Prince Leopold laid the foundation of a new national asylum of this kind near Oxford, recently. Such hospitals are greatly needed in this country, and with them, another English institution which has met with great favor there,—homes for convalescents.

AT the annual meeting of the Middlesex North District Medical Society, held in Lowell, April 30, 1873, the following officers were elected:—

President.—Levi Howard.

Vice-President.—Daniel P. Gage.

Secretary.—Abner W. Buttrick.

Treasurer.—N. B. Edwards.

Librarian.—George H. Pillsbury.

Commissioner on Trials.—John O. Green.

Standing Committee.—W. H. Leighton, Charles Dutton, H. J. Smith.

Councillors.—Gilman Kimball, John W. Graves, Joel Spalding, F. C. Plunkett, John H. Gilman, Charles A. Savory, Nathan Allen, Levi Howard.

Censors.—Franklin Nickerson, George Munroe, Lorenzo S. Fox, Charles B. Sanders, Cyrus M. Fisk.

THERE are many devices adopted by municipalities for the control and diminution of syphilitic diseases. Registration, licensing, inspection, have been each and all tried, with varied results. It is whispered that in Louisville a new and altogether original plan is to be adopted. This consists in practically regarding syphilis as an eruptive disease, and sending all syphilitics to the Eruptive Hospital, where, with the patients suffering from variola, varioloid, &c., they may not only be subjected to medical treatment, and, consequently, take the chances of life and death, but, by the operation of this novel penal code (far more ingenious and terrible than that of Draco), they may be induced to abandon the errors of their ways. The Staff of the Eruptive Hospital are thus made queer, if not fit missionaries, to convert the wicked from their iniquities, and the Eruptive Hospital, like Luther, becomes thus an eloquent agent in the cause of reformation.—*Richmond and Louisville Medical Journal.*

ABORTION MONGERS.—Such is the impunity with which this practice is carried on in Stamboul, that a pharmacien absolutely has for his sign the representation of a fetus complete. A practitioner accused of this crime advocated in his defence the fact that he himself had invented an instrument for procuring abortion easily and satisfactorily.

DR. BEAUGRAND says that, notwithstanding the various anxieties which beset the career of medical men, mental alienation is rare among them; and he cites, in support of this statement, the following table from the work of Parchappe:—

Artists . . .	9.60 per cent.
Lawyers . . .	8.41 do.
Clergymen . . .	4.15 do.
Medical men . . .	3.85 do.

NOTES AND QUERIES.

THE *Massachusetts Medical Society* has had another trial since that of the Homeopaths. Where were the reporters? The accused, it appears, did not call upon them, probably not wishing charges of misdeeds to be flaunted before the public. Therein he acted wisely. What about newspaper ENTERPRISE.

MORTALITY IN MASSACHUSETTS.—Deaths in seventeen Cities and Towns for the week ending May 17, 1873.

Boston, 134—Charlestown, 16—Holyoke, 7—Fall River, 26—Lowell, 25—Chelsea, 7—Haverhill, 6—Newburyport, 5—Lynn, 16—Worcester, 18—Cambridge, 15—Fitchburg, 5—Springfield, 6—Salem, 11—Milford, 3—Somerville, 7—Taunton, 12. Total, 319.

Prevalent Diseases.—Consumption, 65—pneumonia, 24—cerebro-spinal disease, 22—scarlatina, 11.

Cerebro-spinal disease caused deaths as follows:—Boston eight, Cambridge three, Taunton three, Lowell two, and Chelsea, Haverhill, Lynn, Worcester, Springfield and Salem one each. Deaths from smallpox occurred as follows: In Boston two, and in Charlestown and Worcester one each.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 24th, 124. Males, 66; females, 58. Accident, 4—apoplexy, 2—inflammation of bowels, 1—disease of bowels, 1—disease of bladder, 1—bronchitis, 3—inflammation of the brain, 2—disease of the brain, 8—burned, 1—cancer, 3—cerebro-spinal meningitis, 6—consumption, 15—convulsions, 6—croup, 2—debility, 3—diarrhoea, 1—dropsy, 2—dropsy of the brain, 3—drowned, 2—diphtheria, 1—epilepsy, 1—erysipelas, 4—scarlet fever, 6—typhoid fever, 2—gastritis, 1—disease of the heart, 3—haemorrhage, 2—disease of the kidneys, 5—congestion of the lungs, 1—inflammation of the lungs, 4—malignant disease of stomach, 1—old age, 2—paralysis, 5—pleurisy, 2—premature birth, 4—peritonitis, 1—puerperal disease, 2—pyæmia, 1—syphilis, 1—tetanus, 1—tabes mesenterica, 3—whooping cough, 1—unknown, 3.

Under 5 years of age, 44—between 5 and 20 years, 13—between 20 and 40 years, 24—between 40 and 60 years, 30—over 60 years, 13. Born in the United States, 85—Ireland, 25—other places, 14.